



**BUILDING/STRUCTURE/HVAC PLANS APPROVAL APPLICATION**

**- Complete Both Sides -**

Wisconsin Department of Industry,  
Labor & Human Relations  
Safety & Buildings Division  
Bureau of Buildings & Structures

Scheduling Information - complete  
when calling to schedule review:

E-File \_\_\_\_\_

Plan No. \_\_\_\_\_

**INSTRUCTIONS:** Fill in all applicable data. **Caution:** Failure to complete the form entirely may cause additional delay. Submittal of this Plans Approval Application is required for each building. Submit this form with at least 4 sets of plans which include details and data as required by ILHR 50.12. Plans may be submitted to any of the plan review offices listed on the reverse side. Projects are scheduled for review. Please call the selected office prior to submittal. Any components submitted independently from the building plans must be submitted to the office which did the project's initial review.

<b>1. Owner Information</b>		<b>2. Project Information</b>		<b>3. Building or Structure Designer Information</b>	
Name _____		Building Occupancy Chapter(s) And Use: _____		Designer _____ Registration # _____	
Company Name _____		Tenant Name (If Any) _____		Design Firm _____ Project # _____	
Number & Street _____		Building Location (Number & Street) _____		Number & Street _____	
City, State, Zip Code _____		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Of _____		City, State, Zip Code _____	
Contact Person _____		County Of _____		Contact Person _____	
Telephone Number ( ) _____		Property ID No. (tax parcel no. - contact county) _____		Telephone Number ( ) _____ Fax Number ( ) _____	
Fax Number ( ) _____		Government Owned <input type="checkbox"/> Yes <input type="checkbox"/> No		Return Plans To: <input type="checkbox"/> Owner <input type="checkbox"/> Designer	
		Government Leased Or Operated <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other: (specify) _____	
<b>4. Building History</b>		<b>5. Construction Class Requested</b>		<b>6. HVAC Designer Information</b>	
Previous Owner(s) (if any) _____		<input type="checkbox"/> 1. Fire Resistive Type A <input type="checkbox"/> 2. Fire Resistive Type B <input type="checkbox"/> 3. Metal Frame - Protected <input type="checkbox"/> 4. Heavy Timber <input type="checkbox"/> 5A. Exterior Masonry - Protected <input type="checkbox"/> 5B. Exterior Masonry - Unprotected <input type="checkbox"/> 6. Metal Frame - Unprotected <input type="checkbox"/> 7. Wood Frame - Protected <input type="checkbox"/> 8. Wood Frame - Unprotected		Designer _____ Registration # _____	
Previous Plan or File No. _____				Design Firm _____ Project # _____	
Variance No. _____ Preliminary No. _____				Number & Street _____	
Other Information (previous use, last submission) _____		If plans do not show compliance with requested Construction class but are approvable at a lower class, do you wish approval at the lower class? <input type="checkbox"/> YES <input type="checkbox"/> NO		City, State, Zip Code _____	
<b>7. Building Information</b>		<b>8. Submittal Request</b>		Contact Person _____	
<input type="checkbox"/> Complete Sprinkler - NFPA _____ <input type="checkbox"/> Partial Sprinkler - NFPA _____ <input type="checkbox"/> Unlimited Area <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Emergency Power <input type="checkbox"/> Smoke Detection <input type="checkbox"/> Hazard Enclosure Total Number of Stories _____ Building Footprint Area _____ sq ft Soil Bearing Capacity _____ psf <input type="checkbox"/> Verified <input type="checkbox"/> Presumed Erosion Control Information <input type="checkbox"/> Less Than 5 Acres Distributed <input type="checkbox"/> 5 or More Acres Distributed		Project <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Revisions <input type="checkbox"/> Use Change <input type="checkbox"/> ILHR 70 Hist Code <input type="checkbox"/> Variance <input type="checkbox"/> Preliminary <input type="checkbox"/> Canopy <input type="checkbox"/> Bleacher <input type="checkbox"/> Tower <input type="checkbox"/> Other:(specify) _____ Review Requested <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Building <input type="checkbox"/> Permission to Start <input type="checkbox"/> HVAC <input type="checkbox"/> Truss <input type="checkbox"/> Precast <input type="checkbox"/> Structural <input type="checkbox"/> Laminated Wood <input type="checkbox"/> Metal Building <input type="checkbox"/> Joist/Girder		<input type="checkbox"/> For Building <input type="checkbox"/> Same As Building Designer <input type="checkbox"/> For HVAC <input type="checkbox"/> Same As HVAC Designer Supervising Prof (if different from designer) _____ Registration # _____ Number & Street _____ City, State, Zip Code _____ Telephone Number ( ) _____	
<b>9. Supervising Professional Information</b>					
<b>10. Related Business Systems - Please call the respective Program for clarification and plan submittal requirements.</b>					
<input type="checkbox"/> Elevators (608-267-3576) includes: <input type="checkbox"/> Fire Service Provided <input type="checkbox"/> Limited Use/Access <input type="checkbox"/> Passenger elevator <input type="checkbox"/> Freight elevator <input type="checkbox"/> Part 5 (residential lift) <input type="checkbox"/> Part 20 (wheelchair lift)		<input type="checkbox"/> Flammable/Combustible Liquid (608-267-1379) Will any portion of this building be used for storage or dispensing of flammable / combustible liquids as covered by ILHR 10? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Boiler/Pressure Vessel (608-266-1904) <input type="checkbox"/> Mechanical Refrigeration/AC (608) 266-1904 over 50 tons or involving use of a monia <input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Private Sewage System	

12. Calculation of Fees

Area: The area of a floor is the area bounded by the exterior surface of the building walls or the outside face of columns where there is no wall. Area includes all floor levels such as subbasements, basements, ground floors, mezzanines, balconies, lofts, all stories and all roofed areas including porches and garages, except for cantilevered canopies on the building wall. Use the roof area for free standing canopies. Total area is the summation of all floor areas.

Attach a separate sheet if necessary for the calculations below:

Floor Level (specify)	Length	X	Width	=	Area
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
_____	_____	X	_____	=	_____
				Total Area	= _____

- Project NOT located in certified municipality (go to Fee Schedule Table 2.31-1).
- Project located in certified municipality (go to Fee Schedule Table 2.31-2).  
(See Fee Schedule for list of certified municipalities.)

<input type="checkbox"/> Building and HVAC	Fee	\$	_____
<input type="checkbox"/> Building Only	Fee	\$	_____
<input type="checkbox"/> HVAC Only	Fee	\$	_____
<input type="checkbox"/> Revision To Previously Approved Plan	Fee	\$	_____
<input type="checkbox"/> Permission To Start	Fee	\$	_____
<input type="checkbox"/> Pre-July 1992 Building Components	Fee	\$	_____
<input type="checkbox"/> Other _____	Fee	\$	_____
		Total Fee	= \$ _____

SAMPLE

13. OWNER'S STATEMENT (ILHR 50.11): I request that plans be reviewed for compliance with the code requirements set forth in Chapters ILHR 50-64 of the rules of the department. I recognize that I am responsible for compliance with all code requirements and any conditions of plan approval. If this building exceeds 50,000 cubic feet in total volume, I will retain a supervising professional as required by ILHR 50.10 throughout construction to project completion and the filing of a Compliance Statement by the supervising professional prior to occupancy.

Owner's Signature: \_\_\_\_\_ Name & Title \_\_\_\_\_  
Original Print

14. DESIGNER'S STATEMENT: DESIGN (ILHR 50.07-50.09) if this building, following construction of this project, contains more than 50,000 cubic feet in total volume, plans are required to be prepared, signed, sealed and dated by a Wisconsin registered engineer or architect (ILHR 50.07(2)). Signatures and seals shall be original.

The department expects, and requires, that the project designer review individual component submittals for compliance with the general design concept. The project designer, and department, will rely on the seal of the component designers for compliance with the codes as they apply to their designs.

- Total cubic foot volume of the building upon completion of this project:  Less Than 50,000  50,000 or Greater
- Design loads have been indicated on the plans.  Yes  N/A
- Firewall schematic plan has been included.  Yes  N/A
- All applicable items required by ILHR 50.12 have been included.  Yes  N/A

I certify that the submitted plans were prepared under my supervision, are accurate, and to the best of my knowledge comply with the applicable codes of the Department of Industry, Labor and Human Relations.

Original Signature of Building Designer ( Building Submittal )	Date Signed	Original Signature of HVAC Designer	Date Signed
Original Signature of Building Designer ( Component Submittal )	Date Signed	Name of Component Fabricator	

15. SUPERVISING PROFESSIONAL'S STATEMENT: (ILHR 50.10) I have been retained by the owner as the supervising professional per ILHR 50.10 for the performance or supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications. Upon completion of construction, I will file a written statement with the department certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications.

Original Signature of Professional Supervising The Building	Date Signed	Original Signature of Professional Supervising The HVAC	Date Signed
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<b>Hayward Office</b> 209 W. 1st Street Rt B, Box 8072 Hayward, WI 54843 Phone (715) 634-4870 Fax (715) 634-5150	<b>La Crosse Office</b> 2226 Rose Street La Crosse, WI 54603 Phone (608) 785-9334 Fax (608) 785-9330	<b>Madison Office</b> 201 E. Washington Ave. P.O. Box 7969 Madison, WI 53707 Phone (608) 266-8735 Fax (608) 267-9566	<b>Shawano Office</b> 1340 E. Green Bay Street Shawano, WI 54166 Phone (715) 524-3626 Fax (715) 524-3633	<b>Waukesha Office</b> 401 Pilot Court, Suite C Waukesha, WI 53188 Phone (414) 548-8600 Fax (414) 548-8614
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The information you provide may be used by other government agency programs (Privacy Law, s. 15.04 (1) (m)).

Wisconsin Department of Industry,  
Labor and Human Relations

**PERMISSION TO START CONSTRUCTION**

Safety and Buildings Division

**NOTE: This permission is applicable only to projects  
having below grade foundation work.**

Additional fees are required. Contact one of the locations listed below for more information.

**HAYWARD OFFICE**  
Route 8  
P.O. Box 8072  
Hayward, WI 54843  
Tele: (715) 634-4870  
FAX: (715) 634-5150

**LA CROSSE OFFICE**  
2226 Rose Street  
La Crosse, WI 54603  
Tele: (608) 785-9334  
FAX: (608) 785-9330

**MADISON OFFICE**  
201 E. Washington Ave.  
PO. Box 7969  
Madison, WI 53707  
Tele: (608) 266-8735  
FAX: (608) 267-9566

**SHAWANO OFFICE**  
1053A E. Green Bay Street  
P.O. Box 434  
Shawano, WI 54166  
Tele: (715) 524-3626  
FAX: (715) 524-3633

**WAUKESHA OFFICE**  
401 Pilot Court  
Waukesha, WI 53188  
Tele: (414) 548-8600  
FAX: (414) 548-8614

**Project Location:**

Street: \_\_\_\_\_ E-File: \_\_\_\_\_

City: \_\_\_\_\_ Plan Number: \_\_\_\_\_

County: \_\_\_\_\_ Date Plans Rec'd: \_\_\_\_\_

Occupancy: \_\_\_\_\_

**SAMPLE**

We, the undersigned, request to begin footing and foundation work prior to approval of the plans in accordance with ILHR 50.14.

Plans have been submitted to the Department of Industry, Labor and Human Relations, Safety and Buildings Division, and all information requested by Code ILHR 50.12 or ILHR 50.13 has been included with the submittal.

We have reviewed the specific code requirements for the building or structure and its use, as set forth in ILHR 50-64, and, where applicable, have shown compliance on the drawings.

We agree to make any changes required after the plans have been reviewed and to remove or replace non-code complying parts of the foundation and/or footings.

We agree to proceed with the footings and foundation only and will not continue with the remainder of the building or structure until approval has been received.

We understand that, prior to the start of construction, a Building Permit must be obtained from the local authorities having jurisdiction in accordance with their laws and ordinances.

We understand that if this project is in an unsewered area, a sanitary permit must be obtained prior to the issuance of a local building permit (ss 101.12 (3) (h)).

Owner's Signature: \_\_\_\_\_  
(Original Signature in Ink)

Date Signed: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Designer's Signature: \_\_\_\_\_  
(Original Signature in Ink)

Date Signed: \_\_\_\_\_

Designer's Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department Action:  Approved  Not Approved

Review Comments:

Reviewed By: \_\_\_\_\_ Today's Date \_\_\_\_\_